

No. 2
12-45
17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30286

Registration District No. 15

Primary Registration District No. 5072

Registrar's No. 45

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Rural - Newport Twsp.
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 years
In this community 6 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
(c) City or town Rural
(d) Street No. RFD #4 Lamar
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME WILLIAM ANDREW ROWE

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex M Color or race W
5. Color or race W
6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Annie Cretzmeyer
6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased October 5 1867

8. AGE: Years 80 Months 11 Days 24

9. Birthplace Lafayette County, Missouri

10. Usual occupation Farmer - Retired

11. Industry or business

MOTHER FATHER

12. Name William Rowe

13. Birthplace Kentucky

14. Maiden name Martishia Jane Livengood

15. Birthplace North Carolina

16. (a) Informant Lawrence L. Rowe

(b) Address Lamar, Missouri. RFD #4

17. (a) Burial (b) Date thereof Oct 3 1947

(c) Place: burial or cremation New Hope Cem. Concordia,

18. (a) Signature of funeral director KONANTZ FUNERAL HOME

(b) Address Lamar, Missouri

19. (a) OCT 2 - 1947 (b) Marie Konantz

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 30
year 1947 hour 7 minute 00 P.M.

21. I hereby certify that I attended the deceased from Aug. 9 1947 to Sept. 30 1947
that I last saw him alive on Sept 27 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Bladder
Duration 3 mo. +

Due to

Due to

Other conditions: 5072
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Fern T. Bichel (M. D. or other) M.D.

Address Lamar, Mo. Date signed 10/1/47

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 6,

District File Number 1047-1016

Date Filed OCT 10 1947

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Frank W. Denton Frank W. Denton, Registered Apprentice No. 7
working under my personal supervision.

Signed Carl F. Karantz

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.